

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018056

FILED VS APR 25 1960

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 42

ENDED

1. PLACE OF DEATH a. COUNTY <u>SUTTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SUTTON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u>		Length of stay in 1b		c. CITY OR TOWN <u>MILAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>JERRY LEE TIPTON</u>				4. DATE OF DEATH Month Day Year <u>APR 17 1960</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-5-60</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days <u>12</u>		IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>MILAN MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>KENNETH DEAN TIPTON</u>			13b. MOTHER'S MAIDEN NAME <u>NAOMA MAREA PRATT</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>KENNETH D TIPTON MILAN MO</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>U N I T I O N</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)		
DUE TO (c)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Milam Sutton MO</u>							
21. I attended the deceased from <u>4/17/60</u> to <u>4/17/60</u> and last saw her/him alive on <u>4/17/60</u> . Death occurred at <u>1:20 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>J. W. Beckette</u>				22b. ADDRESS <u>Milam Sutton MO</u>				22c. DATE SIGNED <u>4/17/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-19-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>		23d. LOCATION (City, town, or county) (State) <u>MILAN MO</u>				
24. FUNERAL DIRECTOR <u>RIGGEN FUNERAL HOME</u>			ADDRESS <u>MILAN</u>		25. DATE RECD. BY LOCAL REG. <u>4-20-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckette</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Arnold E. Dugg*

Licensed Embalmer No. 3792
P. O. Address *Melrose*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.